		M . Standing Stone Care AND H .N. SERVICES	& Ke	nap	No. 209	YZRINE // FORM A	PPROVED
DEPART	MENT OF HEALTH	& MEDICAID SERVICES	45	4	- 910 <u>- 110 </u>	OMB NO.	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIP ILDING	DLE CONSTRUCTION 3 01 - MAIN BUILDING 01	(X3) DATE SUI COMPLET	
		445363	B. WII	NG		07/19	/2010 _
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		,
STANDIN	IG STONE CARE ANI	O REHAB		, ,	IOW CRAWFORD AVENUE ONTEREY, TN 38574		
(X4) 1D PREFIX TAG	/EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ՄLD BE ՝	(X5) COMPLETION DATE
	Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the oimpediment to the door closed. Doors in the door closed. Doors in all health care fair all health care	AFETY CODE STANDARD peridor openings in other than so of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only ne passage of smoke. There is the closing of the doors. Doors a means suitable for keeping butch doors meeting 19.3.6.3.6 9.3.6.3 perchibited by CMS regulations accilities.	K	018	K018 1. Corrective action for failing to m corridor openings as required by The storage door on 500 hall will be maintenance by \$/6/10 to ensure clothe door frame. 2. Identification of other areas with to be affected: All other doors were checked by mail 7/26/10 and adjustments made as more as a maintenance was initiated by Staff De on 7/26/10 to reeducate all staff to maintenance when doors are not cloproperly. Maintenance will check do routine monthly preventive maintenance to ensure all doors are closing proper. 4. Monitoring of corrective action Audits will be forwarded to the Q.A. for review and recommendations or basis. Action plans and education in developed as needed.	eplaced by sing within in potential intenance on seeded. evelopment motify sing more during ance checks erly. Committee in a quarterly	9/3/10
			SN(AYLID		TITLE	<u>. – </u>	(X6) DATE
LABORATOR	DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIC	JIVA I UN	-//	11 + t=	Ç	Jalin.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 53WX21

Aug. 5. 2010 12:30PM Standing Stone Care & Rehab

AN SERVICES

DEPARTMENT OF HEALTH AND HU

No. 2699, P. 8/20 PORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 07/19/2010 445363 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 410 W CRAWFORD AVENUE STANDING STONE CARE AND REHAB MONTEREY, TN 38574 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (%5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 018 Continued From page 1 K 018 Director at the exit interview on 7/19/10. K029 K 029 NFPA 101 LIFE SAFETY CODE STANDARD 9/3/10 K 029 SS=F Corrective Action for failing to maintain One hour fire rated construction (with 1/4 hour hazardous areas: fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 The penetrations in the ceiling and walls in the and/or 19.3.5.4 protects hazardous areas. When elevator machine room were sealed/repaired by the approved automatic fire extinguishing system maintenance on 7/29/10. option is used, the areas are separated from other spaces by smoke resisting partitions and The penetrations in the ceiling and walls in the doors. Doors are self-closing and non-rated or main boiler room were sealed/repaired by field-applied protective plates that do not exceed 48 inches from the bottom of the door are maintenance on 7/29/l0. permitted. 19.3.2.1 2. Identification of other areas with potential to be affected: Maintenance staff completed an audit of the This STANDARD is not met as evidenced by: facility on 8/2/10 for other areas of the facility Based on observations it was determined the with penetrations and repairs made as indicated. facility failed to maintain hazardous areas. Measures to prevent reoccurrence: The findings include: Observation of the elevator's machine room on An inservice was initiated by Staff Development 7/19/10, at 9:35 a.m., reveated penetrations in the on 7/26/10 to reeducate all staff to notify ceiling and the walls were not sealed at the ceiling maintenance for any observations of wall or celling penetrations. Maintenance will check National Fire Protection Association (NFPA) 101, walls and cellings during routine monthly 8,2,3,2,3,1 preventive maintenance checks and repair as indicated. Observation of the main boiler room on 7/19/10, at 9:40 a.m., revealed penetrations in the ceiling Monitoring of corrective action: and walls. NFPA 101, 8.2.3.2.3.1 Audits will be forwarded to the Q.A. Committee These findings were acknowledged by the for review and recommendations on a quarterly Administrator and verified by the Maintenance basis. Action plans and education needs will be Director at the exit interview on 7/19/10. K 038 developed as needed. K 038 NFPA 101 LIFE SAFETY CODE STANDARD

Aug. 5. 2010 12:30PM Standing Stone Care & Rehab

DEPARTMENT OF HEALTH AND H. AN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 2699 P. 9/20 PRINTED. 11/22/2010 FORM APPROVED

OMB NO. 0938-0391

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SULL COMPLETION (X3) DATE SULL COMPLETION (X4) DESCRIPTION (X3) DATE SULL COMPLETION (X4) DESCRIPTION (X5) DATE SULL COMPLETION (X6) DATE SULL COMPLETION (X7) DATE SU					
		445363	B. WING		07/19	/2010
	ROVIDER OR SUPPLIER		4	EET ADDRESS, CITY. STATE, ZIP CODE ID W CRAWFORD AVENUE IONTEREY, TN 38574		-:
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 038 SS⊐F	Exit access is am	page 2 anged so that exits are readily mes in accordance with section	K 038	KO38 1. Corrective Action for failing to mexits: The cart that was blocking the exit do kitchen was moved by the Dietary Ma7/19/10 to another area.	or in the	9/3/10
K 039 SS=F	Based on observation of the findings inclu Observation of the a.m., revealed the cart. National Fir 101, 7.1.10.1 Observation of the at 10:22 a.m., revealed in the cart. Servation of the at 10:22 a.m., revealing surface from the servation of the at 10:22 a.m., revealing surface from the servation of the at 10:22 a.m., revealing surface from the servation of the condition of the servation of the servation of the at 10:22 a.m., revealing surface from the servation of the servatio	de: e kitchen on 7/19/10, at 10:20 e exit door was blocked with a e Protection Association (NFPA) e main dinning room on 7/19/10, ealed the side exit's egress om the exit discharge to the of slip resistant under itions. NFPA 101, 7.1.6.4 ere acknowledged by the diverified by the Maintenance it interview on 7/19/10. EAFETY CODE STANDARD corridors (clear and ving as exit access is at least 4	K 039	The main dining room side exit's egresurface from the exit discharge to the will be poured with concrete by 9/4/3 slip resistant. 2. Identification of other areas with to be affected: All other exits were checked by mains 8/2/10 to ensure compliance. 3. Measures to prevent reoccurrent An inservice was initiated by Staff De on 7/26/10 to reeducate all staff to k readily accessible at all times. Maint monitor during routine monthly checkensure exits are readily accessible at	e public way to to ensure h potential tenance on nce: evelopment teep all exits enance will iks to all times. Committee a quarterly	
		is not met as evidenced by: ation, it was determined the				

AN SERVICES

DEPARTMENT OF HEALTH AND H

No. 2699 P. 10/20

PRINTED: U7/2/2010 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 445363 07/19/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 410 W CRAWFORD AVENUE STANDING STONE CARE AND REHAB MONTEREY, TN 38574 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION 10 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 039 Continued From page 3 K 039 KD39 9/3/10 facility failed to maintain the corridors clear of Corrective Action for failing to maintain the equipment. corridors clear of equipment: The findings include: On 7/19/10 the lift was moved to another area Observation of the 500 corridor on 7/19/10, at of the facility by maintenance. 9:10 a.m., revealed a lift was stored in the corridor next to the shower room. Further 2. Identification of other areas with potential observations at 9:47 a.m., revealed the lift to be affected: remained in the corridor for more then 30 minutes. National Fire Protection Association On 7/19/10 maintenance checked all other (NFPA) 101, 19.2.3.3 corridors for equipment stored in corridors to ensure compliance. This finding was acknowledged by the Administrator and verified by the Maintenance Measures to prevent reoccurrence: Director at the exit interview on 7/19/10. NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 An inservice was initiated by Staff Development SS=F on 7/26/10 to reeducate all staff to keep Required automatic sprinkler systems are corridors clear of equipment. Maintenance will continuously maintained in reliable operating condition and are inspected and tested monitor during daily rounds to ensure 19.7.6, 4.6.12, NFPA 13, NFPA equipment is not stored in corridors. periodically. 25, 9.7.5 Monitoring of corrective action: Audits will be forwarded to the Q.A. Committee This STANDARD is not met as evidenced by: for review and recommendations on a quarterly Based on observations and records review, it was basis. Action plans and educations need will be determined the facility failed to maintain the developed as needed. sprinkler system. The findings include: Observation of the 500 shower room on 7/19/10, at 9:12 a.m., revealed 3 corroded sprinklers. National Fire Protection Association (NFPA) 25, 2 - 2.1.1Observation of the main boiler room on 7/19/10,

· Aug. 5. 2010–12:31PM Standing Stone Care & Rehab

DEPARTMENT OF HEALTH AND HU. AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 2699 P. 11/20 PRINTED: 07/22/2010 FORM APPROVED

FORM APPROVED
OMB NO. 0938-0391
(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UDENTIFICATION NUMBER:		A. BUILDING 01 - MAIN BUILDING 01			COMPLETED		
		445363	B, Wi	NG_		07/ <u>19</u>	/2010
NAME OF PROVIDER OR SUPPLIER STANDING STONE CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 410 W CRAWFORD AVENUE MONTEREY, TN 38574				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 062	at 9:40 a.m., reveal corroded. NFPA 2: Observation of the	ed the sprinkler was 5, 2-2.1.1 laundry room on 7/19/10, at	K	062	 K062 Corrective Action for failing to mais sprinkler system: On 8/2/10 maintenance notified the fail 		9/3/10
	9:45 a.m., revealed the sprinklers were corroded. NFPA 25, 2-2.1.1 Observations on 7/19/10, at 10:10 a.m., the sprinklers located in the 200 and 400 showers were corroded. NFPA 25, 2-2.1.1				contracted sprinkler company to replace sprinklers in the 500 hall shower room, boller room, laundry room, 200 hall shower room, and 400 hall shower room. The gages replaced.	ny to replace the ower room, the main 200 hall shower room	
	revealed the sprink or replaced every 5	7/19/10, at 12:10 p.m., ler system gages were not test years. NFPA 25, 2-2.1 e acknowledged by the			Identification of other areas with be affected:	potential to	
K 064 SS=F	Director at the exit	verified by the Maintenance interview on 7/19/10. FETY CODE STANDARD	к	064	On 7/20/10 maintenance checked all o sprinklers in all other areas of the facili additional concerns were identified.		
55=-		uishers are provided in all ncles in accordance with NFPA 10			3. Measures to prevent reoccurrence Maintenance will audit all sprinklers or basis and notify the facility contracted company to replace sprinklers when in gages will be tagged by the sprinkler of the date of installation and maintenan	n a monthly sprinkler dicated. The ompany with	
	Based on observat facility failed to mai	s not met as evidenced by: ions it was determined the ntain the travel distance le fire extinguishers.			during routine quarterly inspections to gages are changed every 5 years. 4. Monitoring of corrective action:		
į	at 9:43 a.m., revea medical records roo	e: basement corridor on 7/19/10, led the travel distance from the om to a portable fire ver 75 feet. National Fire			Audits will be forwarded to the Q.A. Coreview and recommendations on a quantum plans and education needs will developed as needed.	arterly basis.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 2699 P. 12/20

PRINTED: 07/22/2010 FORM APPROVED OMB NO. 0938-0391

CENTER	KS FOR MEDICARE	& MEDICAID SERVICES	 -		·	1	
STATEMENT	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIFLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
	•	445363	B. Wil	NG_		07/19	/2010
NAME OF P	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
STANDIN	IG STONE CARE AN	D REHAB			ONTEREY, TN 38574		,
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	COMPLETION DATE
K 062 K 064 SS=F	at 9:40 a.m., reveal corroded. NFPA 2 Observation of the 9:45 a.m., revealed NFPA 25, 2-21.1 Observations on 7 sprinklers located were corroded. Nf Record review on revealed the sprint or replaced every 5 These findings were Administrator and Director at the exit NFPA 101 LIFE S/Portable fire exting	led the sprinkler was 5, 2-2.1.1 laundry room on 7/19/10, at 1 the sprinklers were corroded. 29/10, at 10:10 a.m., the n the 200 and 400 showers FPA 25, 2-2.1.1 2/19/10, at 12:10 p.m., the next serious system gages were not test in years. NFPA 25, 2-2.1 The acknowledged by the verified by the Maintenance interview on 7/19/10. AFETY CODE STANDARD uishers are provided in all ancies in accordance with		062	On 8/2/10 maintenance audited all o extinguishers to ensure compliance in maintaining the travel distance betwoortable fire extinguishers. There we additional concerns identified.	ew for to ensure distance ers. h potential where fire n een the ere no	9/3/10
	Based on observational facility failed to material between the portal. The findings included the company of the posterial of	basement corridor on 7/19/10, led the travel distance from the			3. Measures to prevent reoccurrer All extinguishers will be checked mor maintenance to ensure compliance. 4. Monitoring of corrective action: Audits will be forwarded to the Q.A. for review and recommendations on basis. Action plans and education persons.	nthly by Committee a quarterly	
	Observation of the	basement corridor on 7/19/10, lled the travel distance from the som to a portable fire			Audits will be forwarded to the Q.A.	Committee a quarterly	

Standing Stone Care & Rehab Aug. 5. 2010 12:31PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 2699

P. 13/20 PRINTED: 07/22/2010 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. (
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUFFLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(VEY ED
	. COTALDITOR				<u></u>		
		445363	B, WING			07/19	2010
NAME OF PROVIDER OR SUPPLIER					EET ADDRESS, CIYY, STATE, ZIP CODE		
STANDING STONE CARE AND REHAB				ı	ONTEREY, TN 38574		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	I SHOULD BE COMP	
K 064	•	age 5 tion (NFPA) NFPA 10, 3-2 and	K	064			
K 141 SS=E	Administrator and Director at the exit NFPA 101 LIFE SA	cknowledged by the verified by the Maintenance interview on 7/19/10. AFETY CODE STANDARD no smoking signs in areas sed or stored are in accordance PA 99, 8.6.4.2.	К	141	1. Corrective Action for failing to p precautionary signs on the room where oxygen was being stored On 7/19/10 maintenance placed an ' Storage" sign on the 500 hall oxygen room.	n doors : 'Oxygen	9/3/10
K 144 SS=F	Based on observation facility failed to post room doors where The findings include Observation of the at 9:16 a.m., reveauere posted on the National Fire Prote 19.2.3.3 This finding was a Administrator and Director at the exit NFPA 101 LIFE S Generators are incommended.	s 500 nurses' station on 7/19/10, aled no precautionary signs a oxygen storage room. ection Association (NFPA) 101, oknowledged by the verified by the Maintenance at interview on 7/19/10. AFETY CODE STANDARD spected weekly and exercised minutes per month in	K	144	 Identification of other areas with to be affected: On 7/19/10 maintenance audited of storage areas of the facility for compino additional concerns were identified. Measures to prevent reoccurrer. An inservice was initiated by Staff Defon 7/26/10 to reeducate all staff to precautionary signs on room doors working is being stored. Maintenance monitor during routine rounds to encompliance. Monitoring of corrective actions. Audits will be forwarded to the Q.A. for review and recommendations on basis. Action plans and education needeveloped as needed. 	ner oxygen liance and ed. nce: evelopment lost /here e will sure Committee a quarterly	·

Strading Stone Care & Rehab Aug. 5. 2010 12:32PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 2699 P. 14/20 PRINTED: 07/22/2010

FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			•	OMB NO.	<u>0938-0391</u>
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	01 - MAIN BUILDING 01	77	`
		445363	B. WIN	IG		07/19	9/2010
NAME OF P	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
STANDII	NG STONE CARE AN	O REHAB			() W CRAWFORD AVENUE ONTEREY, TN 38574		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	!D PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFIGIENCY)	ULD BE	(XS) COMPLETION DATE
K 144	Continued From pa	ege 6	Κſ	144	Corrective action for failing to progremote alarm for the emergency		9/3/10
K 147 \$\$=F	Based on observatifacility failed to proemergency general. The findings included Interview with the front of the finding with the front of the control of th	Maintenance Director on .m., revealed the facility had a enerator installed with no tor panel . National Fire tion (NFPA) 110, 3-5.6.1 eknowledged by the everified by the Maintenance interview on 7/19/10, AFETY CODE STANDARD d equipment is in accordance tional Electrical Code. 9.1.2 is not met as evidenced by: ions it was determined the intain the electrical equipment.	K	147	On 8/2/10 maintenance contacted the contracted generator company to instenunciator panel. 2. Identification of other areas with to be affected: The Enunciator will be installed by Nib by 8/20/10 and at that time maintenaresume weekly inspections and exercited for 30 minutes. No other general other equipment has been completed would require an enunciator panel. 3. Measures to prevent reoccurrent Maintenance Supervisor and Regiona Operations will ensure contracting completes all phases of the job in a timatter for all new construction and maffecting fire and life safety or function. 4. Monitoring of corrective action: Q.A. Committee will monitor compliation and construction or renovations relational life safety.	tall the a potential kon Power ance will ise under ator or d that te: I Plant impany mely enovations onal issues.	

Aug. 5. 2010 12:32PM Standing Stone Care & Rehab

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 2699 P. 15/20

PRINTED: 07/22/2010 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				7	0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	(X2) MULTIPLE CONSTRUCTION			IRVEY TED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	ILDIN(3 01 - MAIN BUILDING 01]	
		445363	B. Wil	NG		07/19	9/2010
NAME OF P	ROVIDER OR SUPPLIER		·		EET ADDRESS, CITY, STATE, ZIP CODE		
STANDIN	IG STONE CARE AN	D REHAB		1	10 W CRAWFORD AVENUE IONTEREY, TN 38574		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID FREE TAC	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 147	Continued From pa This finding was ac Administrator and o Director at the exit		К	147	1. Corrective action for falling to maintain the electrical equipment: On 8/2/10 maintenance tightened the the ground fault circuit interrupters to to the sinks in rooms 303 and 307. 2. Identification of other areas with to be affected: On 8/2/10 maintenance completed a	cated next potential	9/3/10
					room audit to ensure all electrical interwere secure to the wail. There were radditional concerns identified. 3. Measures to prevent reoccurrent Maintenance will audit each room on basis to ensure compliance of this Life Code related to ground fault circuit in Necessary repairs or replacements will immediately when electrical equipme compliance. 4. Monitoring of corrective action: Audits will be forwarded to the Q.A. Of for review and recommendations on a basis. Action plans and education need developed as needed.	ce: a monthly safety terrupters, ll be made nt is not in	
		<u> </u>			<u></u>		